To qualify for the scholarship, a student must be:

- Parent/guardian died in the line of duty while serving as a public safety officer
- Otherwise Pell-Eligible
- Have a Pell-eligible EFC higher than $0
- Be less than 24 years of age OR enrolled at an institution of higher education at the time of his or her parent’s or guardian’s death

**Student Information:**

Student Name: ____________________                      Email: ____________________

First      Middle      Last

**Family Information:** The following information pertains to the parent or guardian who died in the line of duty while serving as a public safety officer.

1. First name: ____________________ Last name: ____________________ MI: ______

2. Relationship of deceased person to student: ____________________

3. Type of public safety officer (select one):
   - An individual serving a public agency in an official capacity, with or without compensation, as a:
     - Law enforcement officer
     - Firefighter
     - Chaplain
   - An employee of the Federal Emergency Management Agency (FEMA) who is performing official duties of the agency, if those official duties are related to a major disaster or emergency that has been, or is later declared to exist with respect to the area under the Robert T. Stafford Disaster Relief and Emergency Assistance Act; and are determined by FEMA to be hazardous duties;
   - An employee of a state, local, or tribal emergency management or civil defense agency who is performing official duties in cooperation with FEMA, if those official duties are related to a major disaster or emergency that has been, or is later declared to exist with respect to the area under the Robert T. Stafford Disaster Relief and Emergency Assistance Act; and are determined by the agency to be hazardous duties;
   - A member of a rescue squad or ambulance crew who, as authorized or licensed by law and by the applicable agency or entity, is engaging in rescue activity or in the provision of emergency medical services
   - A fire police officer, defined as an individual who is serving in accordance with state or local law as an officially recognized or designated member of a legally organized public safety agency and provides scene security or directs traffic in response to any fire drill, fire call, or other fire, rescue, or police emergency, or at a planned, special event.

4. Name of public safety facility served: ____________________
Hobart Institute of Welding Technology
Children of Fallen Heroes Scholarship Program Application

Required Supporting Documentation

1. Completed Free Application for Federal Student Aid (FAFSA). The FAFSA may be submitted through fafsa.ed.gov. UMBC’s school code is 002105.

2. Copy of student’s birth certificate. Copies may be obtained from the State Department of Vital Records.

3. Copy of death certificate.

4. Verification that parent/guardian died in the line of duty while serving as a public safety officer:
   a) A determination letter acknowledging eligibility for certain federal benefits under the Public Safety Officers Benefit (PSOB) program administered by the Department of Justice; OR
   b) A written letter of attestation or determination made by a state or local government official with supervisory or other relevant oversight authority of an individual who died in the line of duty while serving as a public safety officer as defined above; OR
   c) Documentation of the student qualifying for a state tuition or other state benefit accorded to the children or other family members of a public safety officer consistent with the definition in 42 U.S.C. 3796b, or as a fire police officer as noted above; OR
   d) A completed Agency Certification Form (page 3) completed by a state or local government official with supervisory or other relevant oversight authority of the individual who died in the line of duty while serving as a public safety officer as defined above; OR
   e) Other documentation from a credible source, subject to school determination, that describes or reports the circumstances of the death and the occupation of the parent or guardian.

5. If applying due to the death of a step-parent, a copy of a marriage certificate indicting the step-parent’s marriage to the biological parent is also required.

6. If the student was older than 24 at the time of the parent’s death, a copy of unofficial transcript or grade report from a college or university showing that student was actively enrolled at the time of parent or guardian’s death.
Children of Fallen Heroes Scholarship Program Application

This form may be completed by the public safety personnel office to verify parent or guardian’s death in the line of duty while serving as a public safety officer. It is not required if alternative documentation is provided.

Student Name: ________________________________________________________________

First                             Middle                             Last

Children of Fallen Heroes Scholarship Program
FOR PUBLIC SAFETY PERSONNEL

Agency Certification

Print Name of Authorized Official ________________________________________________

Name of Public Safety Office ____________________________________________________

Address: ________________________________________________________

City: ___________________ State: ___________ Zip: ___________

Please briefly explain how the death of __________________________ was classified as a result of public safety service: __________________________

(name of deceased)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I hereby certify that the information provided on this application is correct and contained in our records.

____________________________________  ____________________________

Signature                         Date

____________________________________  ______________________________

Phone                              Email